

For all events that take place on roadways within Southampton Town such as runs, walks, marathons, etc.

This application form is required for events such as parades, runs, walks, marathons, biking events, etc. that take place on roadways within Southampton Town. In addition to this application, Chapter 283 Southampton Town Code requires specific material to be submitted in conjunction with this form as well as the items indicated on the application checklist provided.

If a section is not applicable, indicate N/A. It is the applicant's responsibility to ensure that the application package is complete and accurate. Incomplete applications will not be processed. NO BLANKS.

Applicatio	ns MUST be submitte	ed at least 90 I	OAYS pric	or to the eve	nt.	
NAME of EVENT		DATE(S) of EV	ENT	APPLICATION FEE (see pg.4)	I	ATE FEE (see pg.4)
				\$	\$_	
PROPOSED ROUTE (attac	h detailed map)					
Start location:						
End location:						
APPLICANT INFORMATI	ON C	Charity 501	(c)(3) O	ther		
Name	Address	City/Hamlet	/Village	State	 e	Zip Code
DOB			()		Hoi	me
Email address:						
CONT. OF PEDCON. 16 P	100 4 0 A 11 4 0 11		• • • • • • • • • • • • • • • • • • • •	g		1' 4
CONTACT PERSON - II di	ifferent from Applicant for all co	rrespondence, includ	ing permit	Same	as a	pplicant
Name	Address - Residence	City/Hamle	t/Village	Sta	te	Zip Code
()						
Telephone	Mailing address if different	City/Hamlet/	Village	Sta	ate	Zip Code
Email address:						
PERSON RESIDING IN SU	JFFOLK COUNTY, authorized to	Accept Notices, Summor	nses or Other Viol	lations with Respect t	o the	Event.
Same as applicant		otarized affidavit for				
Name	Address - Residence		City/Hamle	t/Village S	tate	Zip Code
PERSON RESPONSIBLE F	FOR ON SITE MANAGEMENT	OF THE EVENT		Same	as aj	pplicant.
Name	Address		City/Hamla	t/Village Sta		Zip Code
Name	Address		City/Hanne	d village Sta	ie	Zip Code
DOB			()		Ho	me
Email address:			()		Cel	1
INSURANCE COMPANY						
	(()		Binder inc	luded	l
Company Name		Telephone				
DATE(S) for SET UP	DATE					
Please note:	insurance certificate should	include coverage	for <u>set-up</u> ar	id <u>clean-up</u> date	es.	



(includes runs, walks, marathons, bike events, etc.)

EVENT INFORMATION					
TOTAL ESTIMATED PEOPLE:	DURATION: day(s)				
Per Day	DATE(S) of Event://	2020 to /	/ 2020		
Participants Spectators Employees Organizers Volunteers	In consideration of available Town resources and in the interests of preserving public peace, good order, health and public safety; dates submitted for the week of Memorial Day or the last weekend of June through Labor Day will not be considered. Please call ahead to verify the specific dates. HOURS of Event: am/pm to am/pm Start Time: am/pm Estimated completion time: am/pm ENTRY FEE: \$ (General Admission). If applicable.				
EVENT DESCRIPTION In the space below, please provide a description of the proposed event, including a detailed explanation of the purpose, the nature of the activities to be carried on, the objective and how the event is in compliance with the Town Code. Additional sheets may be added if necessary.					
Please provide website address of event: _					
<u>LOCAL</u> GROUPS, ORGANIZATIONS, CHARITIES OR INDIVIDUALS who will benefit from the proceeds of the event and who are designated to receive proceeds.					
Organization Name	Mailing Address	City/Hamlet/Village	State	Zip Code	
\$Amount: \$	Phone number ())	_		
	Mailing Address Phone number ()	City/Hamlet/Village		Zip Code	
As defined in NYS Executive Law 171, a local charity is one that has offices within the Town of Southampton or an organization that provides services or funds that directly benefit Town residents. As defined in Town Code §283, an applicant that is not a charitable organization shall have 90 days after the event to submit proof in writing including copies of cancelled checks to the Town Clerk's Office that pledges listed above were received by the Designated Charity. If your organization is not a charitable organization, as defined in CH 283-1 of Southampton Town Code, please describe and note how the event will directly benefit a charitable organization.					



(includes runs, walks, marathons, bike events, etc.)

EVENT INFORMATION			
SECURITY COMPANY N/A	listing Town of Southampton as o	be submitted, along with a valid workers comp certificate, certificate holder and a copy of the Certificate of Liability at be attached if 250+ attendees are expected.	
N. CE.		()	
Name of Firm Ema		Telephone	
Total number of personnel to be provided On	site Offsite		
NEW YORK STATE LIQUOR AUTHO	RITY	<u>www.abc.state.ny.us</u> (212) 961-8385	
Will alcohol be served? yes no		rate Permit required, please attach. iquor Liability required, please attach.	
SIGNAGE All signs should be removed within 3 Freestanding Signs ONSITE: Number Freestanding Signs OFFSITE Number	days of the termination of the even Town Code §330-203B(8). Size Size Size	t. Flashing or moving signs are prohibited, Location Location	
EMERGENCY PLAN NYS fire code requires an emergency plan. It may not be ready at the time of the application but must be submitted to and approved by the Chief of Police prior to the event. Plan attached yes no Additional services may be required based on the nature of the event. Ambulance on standby Medical Services, as may be required by Southampton Town Police Notification to area hospitals (Southampton Hospital, 631-726-8200; Peconic Bay Medical Center, 631-548-6000) Notification to local media (WLNG, 631-725-2300; WBLI, 631-669-9254; SEA-TV ch 22, 631-287-6274, and traffic (Metro traffic 516-803-9020) Towing company on standby Support personnel			
	rked at any given time at the event vees, organizers, vendors, wait staff	attached showing layout, ingress and egress. tach valid workers comp certificate. each day (if more than one day), caterers, exhibitors, parking attendants) am is prohibited on all Town roads in residential districts.	
CATERER/ FOOD AND BEVERAGE (i	ncluding alcohol) SUPPLIER	N/A	
Attach valid workers comp certificate. Attach Suffolk County Health Permit Application.			
Name of Firm Ema	nil	Telephone	
GARBAGE / TRASH / RUBBISH REMOVAL N/A			
Name of Firm Ema	nil	Telephone	



(includes runs, walks, marathons, bike events, etc.)

SUBMIT PLANS, DRAWINGS, INCLUDING HANDICAP ACCESSIBILITY, AND COMPLETE THE FOLLOWING REQUESTS FOR INFORMATION

THE FOLLOWING INFORMATION MUST BE SUBMITTED: A DETAILED MAP OR PLAN, DRAWN TO SCALE, SHOWING ALL OF THE REQUIRED ELEMENTS LISTED BELOW WITH A SUMMARY OF ITEMS INCLUDED ON MAP, AS WELL AS ALL OTHER APPLICABLE INFORMATION AND MATERIAL REQUIRED.

PLEASE INDICATE BY CHECK MARK THE FOLLOWING INFORMATION WHICH HAS BEEN INCLUDED IN PLANS SUBMITTED. INSERT "N/A" IF NOT APPLICABLE. NO BLANKS.

1 Filing Fee: Number of Set Up days Number of Event days			
(1) for 1 day event with less than 250 people: \$50 per event day; \$25 per set up day (2) for events occurring over more than one day and/or events with 250 - 500 people: \$150 per event day; \$75 per set up day (3) for events occurring over more than one day and/or events with 500 - 1000 people: \$300 per event day; \$150 per set up day (4) for events occurring over more than one day and/or events with 1000 - 3000 people: \$500 per event day; \$250 per set up day (5) for events occurring over more than one day and/or events with more than 3000 people: \$1,000 per event day; \$500 per set up day			
Late Application Fee: <u>\$10/per day</u> beyond the submission deadline in \$283-2B. If more than 30 days late: <u>\$20/per day</u> fee.			
Any amendment to the application for a Parade permit will be subject to an amendment fee of 25% of the applicable application fee. Amendments may include changes to the location, route, parking plan, number of people expected, etc. Amendments to Parking Plans at the request of the Town are not considered amendments to the application.			
Summonses may be issued to events that exceed the number of attendees on the permit.			
 Comprehensive Liability Insurance Policy naming the Town of Southampton, 116 Hampton Road, Southampton, NY 11968 as an additional insured in the amount of \$1,000,000. 			
Insurance coverage should include set-up and break-down time and list name, date & location of event under description of operations.			
3 Disclosure Affidavit, Owner's Endorsement, Authorization for Inspection, Affidavit- Consent of Agent for Service; all signed and notarized.			
4 Detailed Map, Plan/Sketch drawn to Scale, Showing the proposed route of event & surrounding area, including start, intersections & end point.			
Location, Size and Number of the Following: a Tent(s), including size, number and location. Permit required from Chief Fire Marshal for all tents greater than 200 square ft. b Stages, Decks, Bleachers, Platforms (If applicable certification and/or inspection) c Restrooms, including Handicap Accessible			
d Dumpsters, Trash Barrels			
 Use of Town Facilities. If the Event is to be held at a Town Park, Beach or other Town-owned Property, a "Facility Use Permit" is required pursuant to Town Code §111-3D. If and when both a facility use permit and a special event permit are required, the validity of the facility use permit is contingent upon issuance of the special event permit (Southampton Town Code 283-7). Please contact Parks & Recreation (728-8585) for information regarding a facility use permit. Plan for Disposal of Garbage, Trash, Rubbish and Sanitary Waste and Sewage 			
7 Emergency Plan including Emergency Medical Facilities, notifications, arrangements			
8 Parking Plan both onsite/offsite including layout, ingress and egress, loading and delivery, passenger pick-up/discharge, shuttle bus 9 Letter from Participating Charity 10 Complete Application			
PLEASE SUBMIT ORIGINAL PARADE APPLICATION, PLANS & ALL DOCUMENTATION.			
I hereby depose and certify, that all the above statements and information and all statements and information contained in the supporting documents and drawings attached hereto are true and correct. I hereby agree to provide notice in writing to the Town Clerk's Office immediately, should there be any material changes regarding the information submitted in this application. I hereby authorize officials and employees of the Town of Southampton to enter the property to make any and all inspections necessary in connection with this Parade Application.			
Name of Applicant's Signature Applicant's Signature			
Sworn to before me this day of, 2020.			
Notary Public			
A false statement made herein is punishable as a class A misdemeanor pursuant to section 210.45 of the penal law of the State of New York.			
A violation of any of the provisions of Town Code §283 pertaining to special events permits shall be a misdemeanor and shall be punishable as the chapter provides.			
enapter provides.			



TOWN OF SOUTHAMPTON 2020 PARADE DISCLOSURE AFFIDAVIT Page 1 of 2

*NOTICE: A violation of any of these provisions of chapter 283 pertaining to special events permits shall be a misdemeanor and shall be punishable as the chapter provides.

STATE OF N	TEW YORK }		
COUNTY OF	SUFFOLK }		
		n, deposes and says:	
I am an applic penalty and sy Code Chapter	wear to the truth herein. I am aware the 23 and that I shall be guilty of a misde at I may be subject to the penalties in S	nat this affidavit is required by General emeanor should I knowingly or intent	e the Chief of Police. I make this affidavit under al Municipal Law §809 and Southampton Town ionally fail to make all disclosures herein. I am uld I knowingly or intentionally fail to make all
1.	The Event is:		
2.	I reside at		_
3.	The officers of the applicant corporation	n are as follows:	
]	Pres	Sec	_
4.	Do any of the following individuals hav 1. Any official of New York State		
If the answer	Any elected or appointed official o of Southampton Town	al Law §809 and Town Code Chapte	er 23 require that you disclose the name and the Interest
(exceeding \$500 in total, in cash or in kir	nd, to the campaign for public office of party committee designated to accept	lowing individuals made campaign contributions any Town officer or employee, to any individual donations on such Town official's or employee's
1.		Yes	No
2.			
3. 4.	e iii		
5.	•		
If the question to Question 5 is yes, Town Code Chapter 23 requires that the information be provided below:			
Name/Addres	s <u>Amount/Date</u>	Name of Campaig	n Committee



TOWN OF SOUTHAMPTON 2020 PARADE DISCLOSURE AFFIDAVIT Page 2 of 2

6.	officer o	he preceding 24 months before the filing of this applicant remployee or a relative thereof involving compensation in indirectly made through a corporation or business interest.	n an amount o	f \$500 or more? Said compensation may be directly
	2. 3. 4.	Owner Applicant Agent for owner or applicant Attorney Other	Yes	No
If the	answer t	o Question 6 is yes, Town Code Chapter 23 req	uires that th	ne information be provided below:
<u>Name</u>		Position (Owner, Agent, Attorney, Other)	<u>Corpora</u>	<u>tion</u>
		Applicant Si	ignature	
Sworn	to before	me this		
		f, 2020.		
	Notary	Public		
	N	A FALSE STATEMENT MADE HEREIN I MISDEMEANOR PURSUANT TO SECTION S STATE OF NEW	210.45 OF	
A.	of South	ourposes of this disclosure, an official of the State of New ampton shall be deemed to have an interest in the application, sisters, parents, children, grandchildren or the spouse of	cant and/or o	wner when that official or employee, their spouse,
	a. b. c.	the applicant or owner; or an officer, director, partner, or employee of the appl Legally or beneficially owns or controls stock of a association applicant or owner; or		
	d.	Is a party to an agreement with the applicant or ow receive any payment or other benefit, whether or not approval of such application. Ownership of less that on the New York Stock or American Stock Exchange	for services re an five percen	endered, dependent or contingent upon the favorable t of the stock of a corporation whose stock is listed



TOWN OF SOUTHAMPTON 2020 INDEMNITY AGREEMENT Page 1 of 1

(Applicant)

STATE OF NEW YORK}	
}s COUNTY OF SUFFOLK}	5.
	, this Agreement is made this day of , between the Town of Southampton (Town) and oplicant).
to indemnify and hold the Town of harmless from and against any and a	own of a Parade Permit, the applicant voluntarily agrees f Southampton and its officers, employees, and agents all losses, liabilities, damages, or costs sustained by any property damage arising out of, or as a consequence to the
employees, and agents from and again may be imposed upon, incurred by	ndemnify and hold harmless the Town and its officers, nst any and all losses, liabilities, damages, or costs which or asserted against the Town by reason of any act of
	esult in damage or injury of any kind to any person or any is any way connected with the event permitted by this
property and which arises out of or	
property and which arises out of or	is any way connected with the event permitted by this
property and which arises out of or	is any way connected with the event permitted by this
property and which arises out of or permit.	is any way connected with the event permitted by this
property and which arises out of or permit. worn before me this	is any way connected with the event permitted by this
property and which arises out of or permit. worn before me this day of	is any way connected with the event permitted by this
property and which arises out of or permit. worn before me this day of	is any way connected with the event permitted by this



TOWN OF SOUTHAMPTON 2020 Affidavit-Consent of Agent for Service Page 1 of 1

STATE OF NEW YORK}	
} ss: COUNTY OF SUFFOLK}	
I,, by me being duly sworn please print name	n, deposes and says,
I reside at NoStreet	
Street	Town/City,
State of New York, and do hereby consent and accept service by	mail to the above address, of any and all papers and
instruments of any kind, including, but not limited to orders, civil	summonses and complaints, motions for preliminary
injunction, appearance tickets and/or criminal summonses fo	r any matters arising out of or relating to the
Event occurring or	n or about, 2020.
My date of birth is, my telephone number is _	, and my mailing address, if
different than my street address, is	· · · · · · · · · · · · · · · · · · ·
PO Box /Street	Town/ City
I understand that by executing this document I am affirmatively w	aiving the requisite personal service requirements of
the New York State Criminal Procedure Law and the New York St	ate Civil Practice Laws and Rules.
Furthermore, by executing this document, I hereby consent to the p	personal jurisdiction of the Southampton Town
Justice Court and the Supreme Court for the State of New York in	connection with any and all legal action that the
Town of Southampton commences arising out of or relating to the	e aforementioned Event. In addition, I hereby waive
any and all jurisdictional defects and/or defenses as to any matter a	urising out of or relating to the subject Event.
	Applicant
Sworn to before me this	
day of, 2020.	
Notary Public	